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Page 1 of 2		Atty	Docket No.: 3063/38B	Total Pages:				
PATENT APPLICATION		First	First Inventor or Application Identifier: SEQUEIRA					
TRANSMITTAL		Expre	Express Mail Label No.: EL595664678US					
BOX PATENT APPL Assistant Commissio Washington, D.C. 20	ner for Patents							
Re: Applie Serial Filed Title	cant(s) or Identifie No. : :	] { {	Villiam J. SEQUEIRA To be Assigned Concurrently Herewith SYSTEM AND METHOD FOR MASTER SCHEDULER	R A				
Kindly file th	e annexed papers i	indicat	ed below:					
Oath or I	Declaration (2 page Copy from a Deletion Of I inventor(s) name on(s) Claiming Sn tatement filed in page on Disclosure State ary Amendment eccipt Postcard	es) (Re a prior Invento ed in pr nall En rior ap tement	olication; Status still proper and and copies of reference(s)	continuation/divisional) ed deleting (d)(2) and 1.33(b)). I desired				
information below Continua Divisiona Continua of prior applicat	w and in a prelimition  al  tion-in-Part cation serial no. 05  tion information:	nary ar 9/137.0						
declaration is supplied is co	msidered a part of the di- rence. The incorporation	isclosure	of the accompanying continuation or divi y be relied upon when a portion has been	sional application and is				

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Atty Docket No.: 3063/38B PATENT APPLICATION TRANSMITTAL Page 2 of 2 The filing fee has been calculated as follows: Fee Claims' Claims Paid for Extra Rate (Sm. Ent.) Fee Rate \$710 BASIC FILING FEE \$ 355 \$ \$710 \$ x \$9 x \$18 - 20 = Total 16 \$ \$480 x \$40 x \$809 \_ 3 as Indep. 6 \$ + \$260 +\$130MULTIPLE DEPENDENT CLAIM PRESENT TOTAL \$ \$1,190

\* As amended in enclosed Preliminary Amendment, if any.

 $\boxtimes$  A check in the amount of \$1,190.00 is enclosed.

The Commissioner is hereby authorized to charge the fee of  $\frac{\$}{.00}$  to the undersigned attorney's Deposit Account No. 02-4270.

Please direct all correspondence to the following address:

Brown Raysman Millstein Felder & Steiner LLP 120 West Forty-Fifth Street New York, New York 10036 (212) 944-1515

The Commissioner is hereby authorized to charge any deficiency in the fee or credit any overpayment to the undersigned attorney's Deposit Account No. <u>02-4270</u>.

Respectfully submitted,

Dated: 11/29/00

By:

Katrine A. Levin

Registration No. 41,491

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New York, New York 10036

Phone: (212) 944-1515 Fax: (212) 840-2429